

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 1088

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY

ENCL # 24
SAPC 22506
COPY 1 OF 2

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				597.	56

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 597.56

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL (Sign original only)

Differences _____

Date 12/6/57 *Payee

(Signature or initials) _____

Per _____ Title _____

Amount verified; correct for
(Signature or initials) JEB

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation shall be written in the space provided for the signature of the payee. "John Doe Company, per John Doe, Secretary, or J. Doe, Treasurer," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

CONTINUATION SHEET

Sheet No. 1 of Bureau Voucher No.

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<p>Contract A101 - System I</p> <p>Direct Costs Properly Chargeable to Contract A101 for the period 11/18/57 thru 11/24/57</p> <p>STATINTL</p> <p>Research & Development</p> <p>Production</p>					
Labor for Week Ending November 24, 1957							
<p>Overhead computed for Communications Division at interim rates as follows:</p> <p>Research & Development - [REDACTED] STATINTL</p> <p>Production - [REDACTED] STATINTL</p>							
<p>Other Costs - Per schedule attached 39.87 ✓</p> <p>Sheet # 2 (1,744.30) ✓</p>							
Total Labor, Overhead and Other Costs							
<p>& A expense computed at interim rate of [REDACTED]</p>							
Total Costs							\$ 597.56 ✓

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010043-8

Public Voucher for Purchase and

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 1088

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TICKET INVOICE CR MEMO	CHECK#	PAYEE OR VENDOR NO.					
37678	12107	136	4.70				
DM-1219	12067	585	(540.00)				
DM-1202	8595	585	(1,710.00)				
6967A	8595	585	501.00			\$ (1,744.30)	

TICKET PAYEE NAME

BATCH	INVOICE	CHECK	OR	TR	COST	DATE	11/24/57	W O	DISTR	AMT
NO	DATE	CR	MEMO	NO	VENDOR	NO	CODE	ACCT	MJO	SO
34	11 22 7	0172624	11277	290	50	254000	12501	5041	14	1
34	11 22 7	0172624	11277	290	51	254000	12501	5041	14	1
										28.98
										28.40 *
										28.40 *
35	11 22 7	25190	11297	403	50	254000	12501	5041	17	1
35	11 22 7	25190	11297	403	51	254000	12501	5041	17	1
										11.70
										11.47 *
										11.47 *
										11.47 *
										39.87 **

Total